

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>White</i>		<i>06-27-01</i>
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	<i>CH</i>	<i>1119</i>	<i>08-14-01</i>
RESPONSE FORMALITY REVIEW	<i>M.D.</i>	<i>625</i>	<i>03-11-02</i>

09/887,642

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	7 0 5 12
2	4 28 1
3	2 23 03
4	✓
5	✓
6	✓
7	✓
8	✓
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Claim	Date
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